

State of Washington Application for a Water Right

For Ecology Use Fee Paid

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGA	
Name David R. and Karen Murra	Home Tel: (509)829 - 5669
Mailing Address P.O. Box 1235 City Suwy Side State WAZip+4 989	Work Tel: (801)280 - 5078
City Sunny Side State WAZip+4 989	44 + FAX: (801)280 - 6054
	CALL 401 232 9528
Section 2. CONTACT - PERSON TO CALL Same as above	L ABOUT THE APPLICATION
Name Russer Murry	Home Tel: (509) 82? 5669
Mailing AddressStateStateState	Work Tel: (
City State Zip+4	+ FAX: ()
Relationship to applicant	
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than 50 cubic feet per second) from a surface water source or	@ gallons per minute or
□ cubic feet per second) from a □ surface water source or	ground water source (check only one) for the purpose(s)
DESCRIPTION OF THE PLACE OF USE. (See instruct	tions.) NOTE: A tax parcel number or a plat number is not
Sufficient. SWY4NWY4 LYNG NW Estimate a maximum annual quantity to be used in acre-foot	of the Roza Canal
Estimate a maximum annual quantity to be used in acre-foot	per year: 100
	oject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring,"	A permit is desired for well(s).
"unnamed stream," etc.:	
	NEW WELL
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s):
	6" a 850 feet
LOCATION	
Enter the north-south and east-west distances in feet for section corner:	com the point of diversion or withdrawal to the nearest
Point of Diversion E>W=800	1 211 1125-1352
10(1) 1 0 10(1) 100 2 700 2 800	If location of source is platted, complete
1/4 of 1/4 of Section Township Range (E/V	the state of the s
	Lot Block Subdivision
SW NW 24 10N 23	la Kima:
For Ecology Use Date Received: JULY 12, 200/ Prior	rity Date: July 12, 2001 YAKIMA
SEPA Exempt/Not Exempt FERC License #	Dept. Of Health #
	Date ReturnedByWRIA: 37
	Pate Nothing Dy WRIA:

ECY 040-1-14 APPLICATION Rev. 7/97 * * f

Appl. No.: 64-345/3

Section 5. GENERAL WATER SYSTEM INFORMATION A. Name of system, if named: _ Briefly describe your proposed water system. (See instructions.) B. our cherry orchard, (25 Acres), as iscurrently irrigated by a rill system. At the present time we are converting the rill system by a solid set, under tree irrigation system. We will use the rill system or the rill system. We will use the rill system for the remainder of The 200 (a roweine Season Dus ivag emergency of drought conditions worker will be purpled from the well to irrigate the full grown Cherry trees we a may i mum 500 gpm for 6 months of the Hear using a Do you already have any water rights or claims associated with this property or system?

PROVIDE DOCUMENTATION. ROZQ Irrigation District YES □ NO Section 6. DOMESTIC/PUBLICAWATIER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) Number of "connections" requested: ______ Type of connection A. (Homes, Apartment, Recreational, etc.) B. Are you within the area of an approved water system? ☐ YES ☐ NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. Complete C. and D. only if the proposed water system will have fifteen or more connections. C. Do you have a current water system plan approved by the Washington State Department of Health? \square YES Please attach the current approved version of your plan. If yes, when was it approved? Do you have an approved conservation plan? D. If yes, when was it approved? ______ Please attach the current approved version of your plan. Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.) A. List total number of acres for other specified agricultural uses: В. Use _____ Acres _____ Acres ___ Total number of acres to be covered by this application: 30 C. Family Farm Act (Initiative Measure Number 59, November 3, 1977) D. Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? ☐ YES Do you have a controlling interest in a Family Farm Development Permit? 2. ☐ YES If yes, enter permit no.: ___ E. Farm uses: __ Animal Type ___ Stockwater - Total # of animals ___ (If dairy cattle, see below) Dairy - # Milking _ # Non-milking

APPLICATION

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Et as From Yakima as east an I-82 To exit 69,

Vervita Bridge Highway. Morth on vervita Bridge Highway

Vervita Bridge Highway. Morth on vervita Bridge Highway

To sheller Road (Ea Approx. 2 miles). East on sheller

Road To Holmason Road (Approx 5 miles) Morth and

Road To Holmason To Bailey vursery (1/2 miles), South

east an Holmason To Bailey vursery (1/2 miles), South

on gravel Road Yz mile to chevry orchard.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

If no, submit a copy of agreement:

Se	ction 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es of the owner(s):	EYES)	□NO
В.	Does the applicant own the land on which the water source is located?	YES	□NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

5 July 2001

Date

Landowner for place of use (if same as applicant, write "same")

Date

e are returning your application for the following rea	son(s):	
e are returning your application for the following rea Examination fee was not enclosed	son(s):	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Examination fee was not enclosed Section number(s) complete	is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA
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